PART B - FEE(S) TRANSMITTAL

Complete and send this forth

together with applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This for appropriate. All further cornindicated unless corrected be maintenance fee notification	elow or directed otherwise	smitting the ISSUE FEE and atent, advance orders and not in Block 1, by (a) specifying	a new correspondence address	; and/or (b) indicating a sep	arate "FEE ADDRESS" for				
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for	any change of address)	Fee(s) Transmittal. The	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
24998 759 DICKSTEIN SHA 2101 L Street, NW Washington, DC 20	APIRO MORIN & O	SHINSKY LLP	Cet I hereby certify that it States Postal Service addressed to the Mai transmitted to the USF	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
······································					(Depositor's name)				
				(Signature)					
					(Date)				
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10/091,031	03/06/2002	Dumitro	ı Cioaca	M4065.0512/P512	6470				
•		GRAMMABLE POWER SUPP	LY						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	МО	\$1400	\$300	\$1700	08/16/2006				
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	_					
· · · · · · · · · · · · · · · · · · ·	NITIN C	2116	713-300000						
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required.	tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence (1) the na or agents (2) the na registered 2 register listed, no	OR, alternatively, me of a single firm (having as a attorney or agent) and the nared patent attorneys or agents. I name will be printed.	f up to 3 registered patent attorneys ternatively, a single firm (having as a member a ley or agent) and the names of up to ent attorneys or agents. If no name is will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	an assignee is identified by 37 CFR 3.11. Completion		pear on the patent. If an assign for filing an assignment. ENCE: (CITY and STATE OR	nee is identified below, the COUNTRY)	document has been filed for				
$\begin{array}{c} \text{Micron } T \epsilon \\ \end{array}$ Please check the appropriate	echnology, In	n.c. Boi	se, Idaho patent): Dindividual	Corporation or other private g	roup entity Government				
4a. The following fee(s) are Issue Fee Apublication Fee (No. Advance Order - # o	small entity discount permitt	ed) Paymen	f Fee(s): t in the amount of the fee(s) is et by credit card. Form PTO-203 ector is hereby authorized by chaccount Number 04-1	38 is attached. harge the required fee(s), or co	redit any overpayment, to tra copy of this form).				
a. Applicant claims S	(from status indicated abov MALL ENTITY status. See	37 CFR 1.27. 🚨 b. Appli	icant is no longer claiming SM						
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States (a	nue Fee and Publication Fee (if a will not be accepted from anyon tent and Trademark Office.		sly paid issue fee to the application and issue fee to the application of the state of the same of the					
Authorized Signature	The contract of the contract o	Diamino	Date	01 August 16, 02 FC:1594 No.CC:80028,371	2006 1469.00 OP 303.00 OP				
Typed or printed name _		D'Amico			15.00 OP				
Alexandria Virginia 22313	-1450.	311. The information is required. 122 and 37 CFR 1.14. This can in the control of							
Under the raperwork Redu	ction Act of 1333, no person	is and reduited to respond to a ce	or micrimation annous						

OMB 0651-0033

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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U& FRADS	erwork Reduction Act of	1995, no person	are required to	respond to a coll				control number.					
	Effective on 12/08	Complete if Known											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				_		10/091,031-Conf. #6470							
FEE TRANSMITTAL						March 6, 2002							
For FY 2005						Dumitru Cioaca N. C. Patel							
				2116									
Applicant claims small entity status. See 37 CFR 1.27				Art Unit									
TOTAL AMOUNT OF PAYMENT (\$) 1,715.00				Attorney Doo	ket No.	M4065.0512/P512							
METHOD OF PAYMENT (check all that apply)													
Check X Credit Card Money Order Other (please identify):													
x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCUI	_ATION												
1. BASIC FILIN	G, SEARCH, AND E	XAMINATIO	N FEES										
	FI	LING FEES		ARCH FEES		IATION FEES							
Application Ty	/pe Fee (\$	Small En Fee (\$		Small Ent Fee (\$)		Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	. 0	0							
2. EXCESS CLA	AIM FEES	•						Small Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)				•			50	25					
Each independent claim over 3 (including Reissues)						200	100						
Multiple depend				_!			360	180					
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)		ultiple Depende							
	- 43 = ber of total claims paid fo	x , if greater than	= 20.		<u>Fe</u>	<u>e (\$) </u>	Fee Paid (\$	<u>.</u>					
Indep. Claims 8	Extra Claims	<u>Fee (\$)</u> x	Fee!	Paid (\$)									
	ber of independent claims	paid for, if grea	ter than 3.										
3. APPLICATIO													
If the specifica	ition and drawings e ler 37 CFR 1.52(e)),	xceed 100 sh	eets of paper	(excluding el	ectronically fi	led sequence or	computer	n					
	action thereof. See 3					inity) for cacif a	dultional 30	,					
Total Sheet					fraction thereo	f <u>Fee (\$)</u>	Fee I	Paid (\$)					
	100 =	/50		(round up to a	whole number)	х	=						
4. OTHER FEE	•						<u>Fees</u>	Paid (\$)					
Non-English	Specification, \$13	0 fee (no sma	all entity disc	ount)			1.4	00.00					
Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal								00.00 00.00					
				patent w/o c				5.00					
SUBMITTED BY	7) 										
Signature	TA			Registration No	28,371	Telephone	(202) 42	0-2232					
	Thomas J. D'Ami	(Attorney/Agent)	,	Date	August 1								
Name (Print/Type)	HIOHIAS J. DAMI	w				Date	August II	J, 2000					